

Facilities Engineering

Fire Prevention and Protection

**Headquarters
U.S. Army Medical Department Activity
Fort George G. Meade
2480 Llewellyn Avenue
Fort George G. Meade, MD 20755-5800
5 November 2002**

Unclassified

SUMMARY of CHANGE

MEDDAC REG 420-2
Fire Prevention and Protection

Specifically, this revision—

- o Has been published in a new format that includes a cover and this “Summary of Change” page.
- o Reformats the title page. The Contents section now includes the page numbers that the various chapters and paragraphs begin on.
- o Requires commanders, directors and supervisors of outlying U.S. Army health clinics to develop site-specific standing operating procedures to augment this regulation (para 1-4c).
- o Adds a responsibility paragraph for fire marshals at outlying USAHCs (para 1-4g), which directs them to assume responsibilities, as appropriate, for their medical treatment facilities (MTFs) as stated in paragraph 1-4e. (Due to the addition of this paragraph, the former paragraphs 1-4g through 1-4n have been redesignated 1-4h through 1-4o).
- o Clarifies the relationship of “safety representative” and “department fire warden/marshal” duties as being performed by the same person within the department (or other activity) (para 1-4n).
- o Updates the occupancy of the various areas within building 2480 (table 2-1), and of the ancilliary buildings (table 2-2).
- o Adds a new paragraph on cooking appliances has been added to chapter 3 (para 3-5). The former paragraphs 3-5 through 3-21 have been redesignated 3-6 through 3-22.
- o Transposes the order of the two paragraphs comprising chapter 4 to enable table 4-1 to appear on the same age as the paragraph that mentions it.
- o Removes the requirement for the senior facility engineer on duty to report to information desk or alternate command post in the event of a fire after normal duty hours (para 6-1).
- o Adds the following to the R.A.C.E. procedure: prohibits traffic between departments, in non-fire areas, until “all clear” is announced; prohibits staff, patients and visitors outside a building at the time of an alarm from entering the building; specifies that “defend in place” will be in effect until the “all clear” announcement is made by the Desk Warden (para 6-3).
- o Adds the address of the MEDDAC’s web site to assist personnel to locate and obtain forms from the web site (para 6-11).

- o The requirement for each MEDDAC, DENTAC and VS activity to maintain a copy of MEDDAC Memorandum 500-1 in its Green Safety Program manual has been revised to limit that requirement to KACC and Dental Clinic No. 3 (para 6-14). This is because MEDDAC Memorandum 500-1 pertains only to the MEDDAC headquarters (that is, KACC and Dental Clinic No. 3, which is located within the walls of KACC).

Department of the Army
Headquarters
United States Army Medical Department Activity
2480 Llewellyn Avenue
Fort George G. Meade, Maryland 20755-5800
5 November 2002

*** MEDDAC/DCC/VS
Regulation 420-2**

**Facilities Engineering
Fire Prevention and Protection**

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History. This is the fifth revision of this publication. It was originally published on 25 August 1995.

Summary. This regulation covers the policies and procedures of the U.S. Army Medical Department Activity, Fort George G. Meade (MEDDAC) Fire Prevention and Protection Program.

Applicability. This regulation applies to the MEDDAC headquarters, all outlying clinics, the U.S. Army Dental Activity, Fort George G. Meade (DENTAC) and the Fort Meade Branch Veterinary Services (VS).

Proponent. The proponent of this regulation is the MEDDAC Safety Officer.

Supplementation.

Supplementation of this regulation is prohibited.

Suggested improvements. Users of this publication are invited to send comments and suggested improvements, by memorandum, directly to the Commander, U.S. Army Medical Department Activity, ATTN: MCXR-SA, Fort George G. Meade, MD 20755-5800, or to the MEDDAC's Command Editor by e-mail to john.schneider@na.amedd.army.mil or by fax to (301) 677-8088.

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Chapter 1

Introduction

1-1. Purpose

This regulation prescribes policies, procedures and responsibilities for fire prevention and protection.

1-2. References

Related publications and prescribed forms are listed in appendix A.

1-3. Explanation of abbreviations

Abbreviations used in this regulation are explained in the glossary.

1-4. Responsibilities

- a. *The MEDDAC Commander.* The MEDDAC Commander—
 - (1) Is responsible for the overall MEDDAC Fire Prevention and Protection Program.
 - (2) Will appoint, on orders, primary and alternate fire marshals. The MEDDAC Safety Officer will be appointed as the MEDDAC Fire Marshal.
- b. *The Commander, DENTAC.* The Commander, DENTAC—
 - (1) Is responsible for the Fire Prevention and Protection Program within DENTAC facilities.
 - (2) Will appoint, on orders, primary and alternate fire marshals.
- c. *Commanders, directors and supervisors of outlying U.S. Army health clinics (USAHC).* Commanders, directors and supervisors of outlying USAHCs—
 - (1) Are responsible for the Fire Protection and Prevention programs within their facilities. A site-specific standing operating procedure (SOP) will be developed to augment this regulation.
 - (2) Will appoint, on orders, primary and alternate fire marshals. Normally, the clinic's safety officer will be appointed as the fire marshal.
- d. *The Chief, VS.* The Chief, VS—
 - (1) Is responsible for the Fire Prevention and Protection Program within the VS facility.
 - (2) Will appoint, on orders, primary and alternate fire marshals.
- e. *The MEDDAC Fire Marshal (MEDDAC Safety Officer).* The MEDDAC Fire Marshal will—
 - (1) Establish, maintain, and supervise the MEDDAC/DENTAC/VS Fire Prevention and Protection Program.
 - (2) Advise the MEDDAC and DENTAC commanders and the Chief, VS of hazardous conditions and noncompliance with the fire regulations.
 - (3) Report fire (life) safety issues to the Safety and Environment of Care Committee.
 - (4) Function as the fire marshal for building 2480 and all of Kimbrough Ambulatory Care Center's (KACC's) outlying building, Fort George G. Meade (FGGM).
 - (5) Schedule and conduct required fire drills.
 - (6) Be familiar with operational procedures, preventive maintenance and fire reporting requirements concerning fire safety.
 - (7) Consult with the FGGM Fire Department, the National Fire Protection Association (NFPA), and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) on fire

code interpretations pertaining to the MEDDAC, DENTAC and VS.

(8) Maintain liaison with the Installation Fire Marshal regarding fire drills, fire safety training and life safety code deficiencies.

(9) Coordinate orientation and training through the Plans, Training, Mobilization and Security Division.

(10) Maintain current fire prevention regulations, applicable fire prevention and inspection files, fire prevention materials, films, and demonstration materials.

(11) Ensure interim life safety measures (ILSMs) are initiated when and where deemed necessary.

(12) Supervise and coordinate fire safety training and the activities of fire/safety representatives and noncommissioned officers (NCOs).

(13) Monitor monthly fire extinguisher inspections and ensure annual fire extinguisher maintenance requirements are met.

(14) Conduct fire safety inspections semiannually in patient care areas and annually in non-patient care areas.

(15) Provide an annual program review to the Safety and Environment of Care Committee in accordance with (IAW) JCAHO requirements.

f. *The MEDDAC Alternate Fire Marshal.* The MEDDAC Alternate Fire Marshal will assume the duties of MEDDAC Fire Marshal in the absence of the MEDDAC Fire Marshal and as directed.

g. *Fire marshals at outlying USAHCs.* Fire marshals at outlying USAHCs (that is, the MTF fire marshal) will assume responsibilities, as appropriate, for their medical treatment facilities (MTFs) as stated in paragraph 1-4e, above.

h. *The Fire Chief (or designee), FGGM Fire Department (FMFD).* The Fire Chief, FMFD will—

(1) Assume the role of incident commander during an actual fire situation.

(2) Conduct fire safety inspections, providing the MEDDAC Fire Marshal a file copy.

(3) Assist the MEDDAC Fire Marshal in conducting fire drills and training activities.

(4) Consult with the MEDDAC's Chief, Facility Management Branch regarding NFPA interpretations and life safety issues.

i. *The Chief, Logistics Division (LOG).* The Chief, LOG will implement procedures to ensure that all proposed acquisitions of bedding, window draperies and curtains, furnishings, decorations, and other equipment are reviewed for compliance with NFPA 701.

j. *The Chief, Patient Administration Division (PAD).* The Chief, PAD will respond to fire alarm activation during normal duty hours (0730 to 1600, Monday through Friday, except holidays), assuming the responsibility of desk warden, which may be delegated (for example, to the patient records staff).

k. *The Chief, Facility Management Branch, LOG.* The Chief, Facility Management Branch, LOG, will—

(1) Develop and maintain the Statement of Conditions and Plans for Improvement.

(2) Maintain current and accurate drawings addressing all structural features of fire protection.

(3) Coordinate fire alarm and detection system inspection, testing and maintenance and maintain documentation.

(4) In conjunction with the MEDDAC Fire Marshal, develop and implement ILSMs to include enforcement of the ILSMs with individuals and/or contractors external to the MEDDAC,

DENTAC and VS.

(5) Support the MEDDAC Safety Officer with Life Safety/Fire Prevention Program management.

l. *The Administrative Officer of the Day (AOD)*. The AOD will—

(1) Function as building fire marshal after normal duty hours. (Normal duty hours are 0730 to 1630, Monday Through Friday, except holidays.)

(2) Conduct a visual building walk-through of building 2480 to ensure basic fire safety compliance.

(3) Notify the FMFD when a fire alarm is activated.

(4) Function under the direction of the FMFD or MEDDAC Fire Marshal and ensure that the “all clear” signal is given at the termination of a fire drill or an actual fire.

m. *Activity NCOs in charge (NCOICs) and supervisors*. Activity NCOICs and supervisors will—

(1) Ensure that staff are familiar with this regulation and that department-level fire safety standing operating procedures are developed as necessary.

(2) Ensure that each new employee receives a fire safety procedures orientation and that all staff receive an annual fire safety procedures update.

(3) Ensure staff follow the Fire Reaction (R.A.C.E.) Plan during fire drills and actual fires. (R.A.C.E. is the acronym for “rescue,” “alarm,” “contain,” and “extinguish.”)

(4) Ensure that MEDDAC Form 576-R (Fire Drill Evaluation – Non-fire Areas) is completed immediately after each fire drill or alarm.

(5) Visually inspect the activity during daily operations and at close of business to detect and eliminate fire hazards.

(6) Review methods and work procedures periodically to eliminate fire hazards and unsafe conditions.

(7) Enforce good housekeeping practices, safe storage of flammable and combustible materials and liquids, adherence to fire regulations and fire prevention procedures, and observance and compliance with MEDDAC Policy Statement No. 9.

(8) Ensure all fire safety requirements are included in purchase requests for all materials and equipment ordered; i.e., furniture, draperies, curtains, decorations, etc.

n. *Fire safety representatives*. Fire safety representatives will—

(1) Maintain appointment orders as activity safety representative. Safety representatives duties include fire safety and the representative is also known as the “department fire warden” or “department fire marshal.” When reassigned or otherwise permanently leaving the activity, initiate additional duty appointment orders for a successor and ensure a copy is furnished to the MEDDAC Safety Officer.

(2) Coordinate with the MEDDAC Safety Officer in the performance of assigned fire prevention and protection duties.

(3) Inspect the activity’s fire zone on a monthly basis to detect and correct fire hazards, utilizing MEDDAC Form 7 (Monthly Hazard Surveillance/Fire Inspection Checklist). Monthly inspections will not preclude daily fire prevention awareness and correction of fire hazards.

(4) Ensure that all assigned fire extinguishers are inspected and recorded monthly.

(5) Perform initial visual safety inspections of all government and staff owned non-clinical/non-medical electrical items used within the activity.

(6) Conduct an annual inventory and inspection of all non-clinical, non-medical electrical

items that are in use within the activity. Forward a copy of the results of the inventory and inspection to the MEDDAC Safety Officer.

o. *Staff personnel.* Staff personnel, which also includes students, volunteers and contract workers, will—

(1) Have a working knowledge of fire safety plans, fire extinguishers locations, fire alarm pull boxes locations, and exits.

(2) Understand responsibilities and required actions in a fire drill or actual fire response.

(3) Implement R.A.C.E. and P.A.S.S. procedures as required. (P.A.S.S. is the acronym for “pull,” “aim,” “squeeze,” and “sweep,” which describes the proper use of fire extinguishers.)

(4) Practice good housekeeping to eliminate unnecessary clutter and other obvious fire hazards. Tools, equipment, forms, publications, supplies, etc., should be properly stored when not in use. Stockpiling of these items should be minimized.

(5) Properly handle and store flammable substances.

(6) Ensure proper use of electrical equipment.

(7) Attend orientation or birthmonth annual training and additional fire safety training offered through the safety office.

Chapter 2

Building and Smoke/Fire Zone Warden Areas

2-1. Building 2480, KACC

The building fire marshal for building 2480 is the MEDDAC Safety Officer.

2-2. Building 2480 smoke/fire zones

Table 2-1 (see page 5) lists the zones within building 2480 and the activities that reside within them. A primary and secondary individual, usually the safety representative, from among the zone’s occupant activities will be assigned the additional duty of zone fire warden on orders.

2-3. KACC’s ancillary buildings, Epes Dental Clinic, and the Veterinary Treatment Facility

Table 2-2 (see page 5) describes the various activities that occupy each of the KACC’s ancillary (outlying) buildings, as well as DENTAC and VS. Two individuals, designated primary and alternate, from among the building’s occupant activities will be assigned the additional duty of building fire warden on orders.

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Table 2-1.
Smoke/fire zones in building 2480

Zone	Occupants/Activities
1 Basement	Logistics Division; Engineers Medical Maintenance Forms Stockroom Environmental Health Laboratory Industrial Hygiene Laboratory
First Floor	
2 A Wing	Laboratory Service Pediatrics Radiology Service
B Wing	Business Division Medical Library Chapel Event Center
C Wing	Commander Deputy Commander for Administration Deputy Commander for Clinical Services Deputy Commander for Nursing Senior Medical NCO Clinical Administration/Quality Management Credentials Mailroom Main Conference Room
Outpatient Clinic areas	Chief, Department of Primary Care Nurse Telephone Triage System Pharmacy Service Allergy/Immunization Clinic Red Team, Family Care Center White Team, Family Care Center Blue Team, Family Care Center OHES Satellite Clinic EENT Clinic Physical Exams Dental Clinic No. 3 Outpatient Records Patient Administration Division
Second Floor	
3 Elevator lobby	
4 2A Bay	Operating Room
5 2B Bay	Smoke to fire door (Same Day Surgery)
6 2B Bay	Fire door to exit
7 2C	Smoke to fire door (Occupational Health Clinic)
8 2C	Fire door to exit (Preventive Medicine Service)
Third Floor	
9 Elevator lobby	
10 3A	Surgical Services/Cardiology
11 3B	Smoke to fire door (Community Health Nursing)
12 3B	Fire door to exit (PAD)
13 3C	Musculoskeletal Center

Table 2-2. KACC's ancillary buildings, DENTAC buildings, and VS buildings

Building	Occupants
2481	Medical Company Military Personnel Division Plans, Training, Mobilization & Security Division Behavioral Health Care Service (including Social Work Section)
2457	Optometry Clinic
2484	Logistics Division
8476	Headquarters, Fort Meade Dental Clinic Command
8472	Epes Dental Clinic
2018	Veterinary Treatment Facility

Chapter 3

Fire Prevention

3-1. Reporting fires to the FMFD

All fires, regardless of size or if extinguished by occupants, will be reported to the FMFD at once.

3-2. Parking in fire lanes

Parking of any vehicle in a designated fire lane or obstructing a fire hydrant is prohibited and subject to ticketing by the military police.

3-3. Open fires, open flames, candles and incense

Open fires and flames are prohibited, except in a lab, under constant supervision. Candles and incense are prohibited.

3-4. Portable electric heaters

Portable or personal comfort heating devices (space heaters) are prohibited unless approved IAW the space heater policy contained in MEDDAC/DENTAC/VS Reg 385-1, appendix O. Only oil-filled, sealed, electric heaters are approved by the FMFD. (Open element electric space heaters are prohibited at all times by FGGM Reg 420-7).

3-5. Cooking appliances

a. Coffee makers and microwave ovens are authorized for use within MEDDAC, DENTAC and VS facilities, with the following restrictions:

(1) In patient care activities, cooking appliances must be used in a kitchen area or break room.

(2) IAW FGGM Reg 420-7, coffee makers with automatic timers are not authorized.

(3) Any microwave oven purchased after 1 October 2002, must have a safety feature whereby the oven will not activate without pushing the start button.

(4) Microwave ovens will not be run when empty.

b. All cooking appliances must have Underwriters Laboratories Incorporated (UL) labels on them and be checked by the activity's safety representative prior to initial use and annually thereafter.

c. The following cooking appliances are prohibited at all times:

(1) Toasters, except in Same Day Surgery, when utilized as specified in paragraph g(1) below.

(2) Toaster ovens.

(3) Deep fat fryers.

(4) Griddles.

(5) Indoor grills.

(6) Electric skillets.

d. Open flame cooking is never permitted indoors.

e. Cooking appliances must be placed on non-flammable surfaces. The area surrounding a cooking appliance must be free of flammable items, such as paper, fabric and alcohol-based products.

f. Electrical appliance placement. The distance between a water supply and the appliance

must be greater than five feet unless utilizing a ground fault circuit interrupter receptacle.

g. Exceptions to the policy are as follows:

(1) Same Day Surgery may use a toaster in its kitchen for patient nutrition only.

(2) Special events. Items such as crock pots may be used in an activity's break area or kitchen for special events at the department or division level. The item must be checked by the activity's safety representative prior to use, must be monitored while in use, and must be taken home at the end of the day it is used.

(3) Fund raisers. Items such as crock pots may be used in the Event Center (at Kimbrough Ambulatory Care Center), provided they are monitored constantly while in use. These cooking appliances must be checked by the activity or event safety representative prior to use and taken home at the end of the day used. If the Event Center is not available, a suitable alternative location must be proposed to the Safety Officer and/or the Facility Manager (Logistics Division), not later than two weeks prior to the event in order to obtain approval from the Safety and Environment of Care Committee.

h. Commanders, directors and supervisors of outlying MTFs, DTFs, and VS; if special events and/or fund raisers are conducted within their facilities, will establish criteria of their own based on this paragraph, which will be included in their site-specific SOPs, required by paragraph 1-4c.

3-6. Flammables

a. Storage of gasoline, regardless of the quantity or type of container used, and grounds maintenance equipment in MEDDAC, DENTAC and VS occupied buildings is prohibited.

b. Gasoline and grounds maintenance equipment, and other flammables, will be stored in storage buildings for flammables and will be clearly marked "Flammables – No Smoking within 50 feet".

c. Flammable liquids will not be used for cleaning purposes.

d. Containers of flammable and combustible liquids will be kept tightly closed and properly stored. Reduce or eliminate the use of flammables through process changes and substitution where possible.

e. Exposed heating elements, smoking, open flames and other sources of ignition are not permitted in areas where flammables are used or stored.

f. Waste material, such as rubbish, trash, wastepaper, oily rags and other flammable material, will not be allowed to accumulate in or about a building. Such materials will be disposed of in metal covered receptacles and removed outside the building daily.

3-7. Storage of oxygen and compressed air cylinders

a. Oxygen and compressed air cylinders will be stored in areas that are at least 40 feet from other flammable gases.

b. Cylinders will be secured at all times.

c. Filled and empty cylinders will be identified and separated to prevent mixing.

d. Storage precautions for filled and empty cylinders will be the same.

3-8. Floor care

The use of flammable mineral spirits and petroleum paste wax for floor care is prohibited. Only water emulsion products will be used on asphalt tile, linoleum, vinyl-asbestos, and mastic-pave floors.

3-9. Emergency oxygen supply shut-off

a. *Respiratory therapy equipment.* In the event of a fire, the R.A.C.E. responder will disconnect the flow meter from the headwall unit. If the oxygen therapy equipment is supplied by a cylinder or container of oxygen, the R.A.C.E. responder will close the valve of the cylinder, provided that this can be accomplished without injury to personnel. Employ portable oxygen units as necessary when out of the room.

b. *Zone valve.* In the event of a fire involving equipment connected to an oxygen station outlet, the zone valve supplying that station will be closed off. The senior staff member present (the charge nurse or noncommissioned officer in charge (NCOIC)), will assume this responsibility. Ensure that this action does not endanger other patients who may be using or relying on the same oxygen within the zone. Medical gas panels are labeled with zone usage. In zones where medical gas is not being used, the medical gas valves are capped off and labeled, "All medical lines valved off."

c. *Bulk oxygen.* Without compelling need, the FMFD Incident Commander will not terminate the bulk oxygen supply until he or she has coordinated with the Senior Clinical NCO or Deputy Commander for Nursing. The Incident Commander will coordinate with the MEDDAC Command Group prior to termination of oxygen supply and affected clinical areas will be notified of this action. Facility Management Branch will shut off the oxygen supply at the liquid oxygen tank or instruct the FMFD personnel to do so and supervise the gas flow termination. After normal duty hours, the AOD or the FMFD will shut off bulk oxygen.

d. The Senior Clinical NCO or Deputy Commander for Nursing will notify affected clinical areas, which may include the Operating Room, Post-anesthesia Care Unit and Same Day Surgery.

e. Clinic and department Safety SOPs will designate responsibilities for who will turn off medical gas shut-off valves during a medical gas emergency.

3-10. Linen and trash receptacles

a. Non-mobile soiled linen or trash collection receptacles will not exceed 32 gallons in capacity.

b. Mobile soiled linen or trash receptacles greater than 32 gallons capacity will be located in a room protected as a hazardous area when not in use. (NFPA 101: Section 13-7.5.5.)

3-11. Bulk refuse containers

Bulk refuse containers will not be located within ten feet of buildings. The tops of such containers will be kept closed at all times.

3-12. Access to exits

Free access to building exits will be maintained at all times. Aisles will be kept cleared of all obstacles.

3-13. Fire/smoke doors

a. The fire/smoke doors installed in exit stairway enclosures of building 2480 will not be secured in an open position at any time.

b. In any building, during the period of occupancy, it is not permissible to lock, fasten, or block any door leading into an enclosed exit stairway in any manner which would prevent or delay the immediate use of these doors.

c. Door stoppers, wedges and chucks are prohibited on all doors.

3-14. Obstruction of stairwells and exits

No part of any stairwell or exiting system will be obstructed. Equipment will not be allowed on landings at any time.

3-15. Clearance

- a. Maintain a minimum clearance of 18 inches between stock and any sprinkler heads, electrical light fixtures, heating ducts and heating devices.
- b. Maintain a minimum clearance of 80 inches from floor to ceiling when mounting clocks, signage, and similar items, to ensure adequate headroom.

3-16. Approval of construction projects

Alterations, work orders, additions, modifications, construction or utilization of the building will not be accomplished without prior approval of the Chief, Fire Prevention and Protection Division, Director of Public Works, FGGM, or the Chief, Facility Management Branch.

3-17. Change of use of buildings, structures and areas

When the use of a building, structure or area is changed, the FGGM Fire Chief, MEDDAC Safety Officer, and Chief, Facilities Branch, Logistics Division will be notified to ensure that proper fire protection is provided for the new use. (Life Safety Code, NFPA 101.)

3-18. Holiday decorations

- a. Combustible decorations are prohibited unless they are flame-retardant. Only proven/listed flame retardant decorations are permitted. (Ordinary crepe paper and pyroxylin plastic decorations are considered flammable and will not be used.)
- b. Corridors and exits will not be obstructed or cluttered in any manner with furniture, decorations or other objects.
- c. Overhead decorations will allow a minimum of 80 inches clearance from the floor to ensure headroom.
- d. Only surge protector cords may be used as extension cords; they may not extend through door frames or closures. All other extension cords, regardless of length or gauge, are prohibited.
- e. No open flames.
- f. Live Christmas trees are prohibited. Artificial Christmas trees must be proven/listed flame retardant.
- g. Electrical lighting standards. All electric cords must be UL approved and labeled, and free from cracks and deterioration. Lights will be turned off when left unattended during the duty day and each night before closing down the section.
- h. Door decorations will not have electric lights and will not protrude or extend into the corridor or hallway.
- i. Holiday decorations will be removed by the end of the next duty day after the holiday.

3-19. Acquisition approval

- a. Proposed acquisitions of bedding, window draperies and other curtains, furnishings, decorations, wastebaskets, and other equipment will be reviewed prior to purchase to ensure items are flame resistant, meeting the fire safety requirements of NFPA Life Safety Code 701.
- b. Acquisition requests will be submitted to the logistics floor managers prior to purchase.

The requestor will provide written documentation from the vendor/supplier confirming flame resistance per NFPA Life Safety Code 701.

3-20. Electrical Safety

- a. Repair, modification or alteration of electrical circuits will only be performed by Facility Management Branch.
- b. All extension cords used will be 16 gauge or heavier. Extension cords will not be used as a substitute for fixed wiring, unless approved for mission essential equipment pending installation of fixed wiring. Surge suppressor cords for computer equipment are not considered extension cords.
- c. The use of “cheater” plugs/adapters and screw type outlets is prohibited.
- d. Non-clinical/non-medical electrical items. Unit/department safety representatives will conduct an initial visual safety inspection of all Government and staff owned non-clinical/non-medical electrical powered, line operated equipment prior to its use. Such items will be visually inspected for exposed/frayed wiring of the electrical power cord. Spliced cords are prohibited. The overall appearance of such items will be inspected to ensure completeness, and they will be tested to ensure proper operation. Items that fail the safety inspection are prohibited from use. An annual inventory and inspection of non-clinical electrical items will be conducted and a copy forwarded to the Safety Officer.
- e. Electrical appliances. All power-operated equipment and electrical devices that are not designed for continuous use will be turned off or disconnected when not in use. Use of electric hot plates and timed devices is prohibited.
- f. Electric circuit box doors. Doors on electric circuit boxes will be in place and kept closed.

3-21. Combustible materials

- a. Flyers and advertisements will be kept at a minimum. Those that are used should be posted only in authorized locations; e.g., bulletin boards and glass display cases. Those on bulletin boards will be in document covers.
- b. Installation of combustible material such as curtains, streamers, cloth, cotton batting, straw, vines, leaves, cedar greens, and similar items is prohibited unless such material is properly flame-proofed.

3-22. MEDDAC smoking policy

- a. Smoking is prohibited in all MEDDAC MTFs, to include ancillary buildings. Staff, patients and visitors may smoke only in designated areas outside the buildings. The following applies:
 - (1) Smoking is permitted only in designated areas approved by the commander/director. “No Smoking” signs will be prominently posted at all main entrances, stating that smoking is not authorized.
 - (2) Smoking near the doorways, whether by staff, patients or visitors is not approved. Approved smoking receptacles will be placed at all doorway entrances; however, this is only so that smokers can extinguish their cigarettes, cigars and pipes before entering the building.
 - (3) Only smoking materials, such as cigarette butts and spent matches, will be deposited in smoking receptacles. Combustible by-products, such as cigarette packages, will not be deposited in smoking receptacles.
 - (4) Designated smoking areas will be located at least 50 feet from common points of entry and will not be located in areas that are commonly used by non-smokers.

b. Each MTF commander/director will publish a smoking policy. As a minimum, the criteria in para a above will be included in the MTF's smoking policy. Outlying clinic commanders/directors will furnish a copy of their smoking policies to the MEDDAC Safety Officer.

c. Designated smoking areas at KACC.

(1) Building 2480. There are three authorized smoking areas for occupants of building 2480:

(a) The shelter and gazebo located behind Laboratory Service and the Department of Radiology.

(b) A gazebo located midway between the Information Management Division trailer and 5th Street.

(2) Ancillary buildings. The collateral duty safety representative for each ancillary building will designate one authorized smoking area outside the building and ensure that adequate receptacles are available.

Chapter 4

Fire Watch, and Interim Life Safety Measures (ILSMs)

4-1. Fire watch

a. *External fire watch.* Whenever an approved fire alarm or automatic sprinkler system is out of service for more than four hours in a 24-hour period in an occupied building, the fire department will be notified and a fire watch initiated. (Life Safety Code, NFPA 101.)

b. Internal fire watch. Fire safety checks of the department/zone will be conducted hourly and logged. All NCOICs and officers in charge will perform visual checks of their areas of responsibility, looking for anything out of the ordinary posing a fire safety risk.

4-2. ILSMs

a. When Life Safety Code fire protection requirements are affected, the organization will institute ILSMs to temporarily compensate for hazards posed by life safety deficiencies and construction hazards.

b. ILSMs are triggered whenever the following construction activities or deficiencies occur:

(1) The integrity of the exit, exit access or exit discharge features is altered or compromised.

(2) The integrity of the building's "defend in place" fire or smoke compartmentalization is compromised as defined by the contract document.

(3) The building's fire alarm, detection or extinguishing system is impaired or removed.

(4) Temporary sources of ignition (cutting, welding, brazing, etc.) are used.

(5) Large quantities of combustible materials and debris (depending on the magnitude of the project) are present.

c. ILSMs will be developed, initiated, communicated, monitored and documented by the MEDDAC Fire Marshal/Safety Officer with the assistance of the Chief, Facility Management Branch, Installation Fire Marshal, and Chief, Logistics Division. ILSMs will be approved by the Chief, Fire and Emergency Services.

d. Table 4-1 (see page 12) describes criteria to evaluate Life Safety Code deficiencies and construction hazards for determining when and to what extent one or more of the eleven interim

measures apply for each project. ILSM determination is based on risk assessment conducted by safety and facilities. The ILSM is written accordingly.

Table 4-1. Interim life safety measure (ILSM) sample matrix														
Life Safety Code Deficiency	ILSM required (Yes/No)	1. Ensuring egress	2. Emergency forces notification	3. Ensuring operational life support systems	4. Temporary construction barriers	5. Additional fire fighting equipment	6. Controlling combustible loading	7. Prohibit smoking	8. Conduct 2 fire drills/shift/qtr local area	9. Fire watch	10. Compartmentalization training	11. Conduct organization training on life support	12. Fire watch (in immediate area)	13. Other, as deemed necessary
	Alter or compromise the integrity of exit access, exit, or exit discharge features.	x						x	x			x		
	Significantly compromise the integrity of the building's "defend in place" compartmentalization features. ²	x				x	x	x	x	x	x	x		
	Impair the building's fire alarm, detection or fire suppression systems. ³			x	x		x	x	x	x	x	x		
	Involve "hot work?" (i.e., cutting, welding, brazing)						x	x					x	
	Involve the presence of large quantities of combustibles and debris. ⁴					x	x	x	x	x				
	Notes: ¹ Although the items indicated above have unusual applicability, each ILSM must be examined on a case by case basis. ² Fire/smoke door missing or penetration greater than 10 square feet in sprinkled areas or 5 square feet in unsprinkled areas. ³ If the fire suppression system is to be out for more than 4 hours in a 24-hour period, notify the Fort Meade Fire Department. ⁴ More than one large non-combustible container of trash left in the project area after the contractors have left for the day.													

Chapter 5

Fire Protection Systems and Equipment

5-1. Fire alarm system

a. The audible alarm systems are manually activated by using the pull stations (pull boxes) located throughout the MEDDAC, DENTAC and VS facilities.

b. In KACC's ancillary buildings (except building 2484) and Veterinary Services, the fire alarm signal is not transmitted to the FMFD. The building fire marshal will immediately call the FMFD and give all pertinent information regarding the alarm. It is extremely important that the FMFD be called as soon as there is a suspicion, or actual confirmation of fire in any of these facilities.

c. KACC (buildings 2480 and 2484) and Epes Dental Clinic are serviced by the "intelligent" fire alarm system. This system consists of smoke and heat detectors, strobe lights, annunciators, ventilation smoke dampers and alarm pull boxes located through the building. The annunciator panel for building 2480 is located near the information desk. These systems are connected to the FMFD and will continue to sound until reset on site.

d. Only FMFD personnel or Facility Engineering/Maintenance personnel are authorized to reset the fire alarm systems once activated.

5-2. Maintenance of Life Safety systems and equipment

The Chief, Facility Management Branch is responsible for the maintenance, testing and inspection of Life Safety systems and equipment IAW NFPA codes and standards and for maintaining documentation. This includes the following:

- a. The fire alarm and detection systems will be tested on a quarterly basis and all components will receive annual preventive maintenance as required by NFPA 72.
- b. Automatic fire extinguishing systems will be inspected and tested annually, as required by NFPA 25.
- c. Fans and/or dampers in air-handling and smoke management systems will be tested and maintained as required by NFPA 90A.
- d. Fire alarm transmitting systems will be tested during each fire drill. They will be maintained as required by NFPA 72.
- e. Portable fire extinguishers will be clearly identified and inspected monthly to ensure they are properly charged. Maintain annually as required by NFPA 10.
- f. Horizontal and vertical sliding and rolling fire doors will be tested for proper operation and full closure at least annually, as required by NFPA 80.
- g. Standpipe systems will receive water flow tests at least every five years, as required by NFPA 25.

5-3. Fire extinguisher requirements

- a. *Fire extinguisher inspection and maintenance.*
 - (1) All fire extinguishers will be inspected monthly. For each, it is essential that it is in its designated place, that it has not been tampered with, and that there is no obvious physical damage to prevent its smooth operation.
 - (2) Annual maintenance will be performed by Facilities Maintenance IAW NFPA 10.
 - (3) Dry chemical fire extinguishers; i.e., those that are rated ABC (see definitions below), will be placed in locations throughout the MEDDAC, DENTAC and VS that are suitable for use on any of the three common classes of fire. These are—
 - (a) Class A fires: Wood, paper, cloth, bedding, books and similar materials.
 - (b) Class B fires: Flammable liquids such as gas, oil, paint and paint thinner.
 - (c) Class C fires: Live electrical fires.
 - (4) To ensure the extinguisher is fully charged and will operate, the following guidelines for inspection and maintenance will be used:
 - (a) Check the gauge. If the needle is over the green area at the top of the gauge, the extinguisher is fully charged.
 - (b) Ensure the safety pin is secured with a seal.
- b. *Fire extinguisher requirements.* Each fire extinguisher will meet the following requirements:
 - (1) Except when in use, it will remain fully charged and in its designated place.
 - (2) The safety pin and seal will be in place and intact.
 - (3) It will be conspicuously located and will not be obstructed or obscured from view.
 - (4) It will have an inspection record that indicates the month and year the last inspection was made and will identify the person who performed the inspection. The area fire/safety NCO will ensure that the monthly inspections are made.

Chapter 6

The Fire Safety Program

Section I

Instructions for Key Personnel, and Code Red

6-1. Instructions for key personnel

a. During normal duty hours. In the event of fire during normal duty hours (0730-1630) Monday through Friday, the PAD safety representative will report to the information desk on the first floor, or to an alternate command post location if so designated by the FMFD Fire Chief, and assume duty as Desk Warden.

b. After normal duty hours and holidays.

(1) The AOD will report to the information desk or the alternate command post and jointly assume the duties of the Desk Warden.

(2) The senior facility engineer on duty will report to the information desk or alternate command post.

c. The Desk Warden will record information received from the *fire response site* and relay it to the Installation Fire Marshal at the FMFD. It is essential that this report be made expeditiously. Supplemental reports to the Installation Fire Marshal will be made as necessary.

d. Responsibility for escorting FMFD personnel.

(1) During duty hours it will be the responsibility of the MEDDAC Safety Officer/Fire Marshal or alternate to ensure FMFD personnel are met and escorted directly to the fire. The visual annunciator located by the information desk also directs to the fire location.

(2) After duty hours the AOD will meet and escort FMFD personnel to the fire. In the event of a real fire emergency, the AOD will notify the MEDDAC commander, the three deputy commanders and the Senior Medical NCO of the fire as soon as possible.

6-2. Code Red

a. The phrase “Code Red” will only be used in conjunction with fire drills and fire emergencies.

b. The individual discovering a fire will use the “Code Red” notification to ensure transmission of an alarm under the following conditions:

(1) When the individual who discovers a fire must immediately go to the aid of an endangered person.

(2) When the building fire alarm system malfunctions.

c. The individual on duty at the information desk, upon receiving notification of a fire or fire drill, will, over the public address system, announce “Code Red” and the place of origin. (Note: The individual on duty at the information desk assumes the duty of Desk Warden until the fire drill/emergency is over or until replaced by another individual who assumes that function.)

d. Any member of the staff who hears “Code Red” announced in the fire origin area will first activate the fire alarm using the closest fire alarm pull station, then immediately execute his or her duties as outlined in the fire safety plan.

Section II

Procedures applicable to Fire Drills and Fire Emergencies

6-3. The R.A.C.E. and P.A.S.S. procedures

Any staff member who discovers a fire will take the following action:

a. R.A.C.E. Procedure.

R = Rescue. Remove everyone from danger.

A = Alarm. Activate (pull) the nearest fire alarm.

Report fire location to—

- The fire department – 72117.
- The information desk – 78741. (Note: This number is for staff use only.)

C = Contain. Close door(s) to isolate the fire.

E = Extinguish. Extinguish the fire.

Evacuate

- Building 2480 – Defend in place.

Fire Origin: Horizontal/vertical evacuation if necessary.

Horizontal: 2d and 3d floors, relocate to safe zone on same floor.

1st floor and basement, evacuate outside, stay at least 50 feet away from the building.

Vertical: 2d and 3d floors, relocate down 1 or 2 floors.

- Outlying Buildings: Evacuate building using the nearest exit. Remain at least 50 feet away from the building.

b. P.A.S.S. Procedure.

P = Pull. Pull the pin.

A = Aim. Aim nozzle at base of fire.

S = Squeeze. Squeeze the handle.

S = Sweep. Sweep from side to side.

c. The basic R.A.C.E. response ensures—

(1) The removal of all occupants directly involved with the fire emergency.

(2) Transmission of the fire alarm signal to warn other building occupants and summon

staff.

(3) Confinement of the effects of the fire by closing doors to isolate the fire area.

(4) If necessary, the relocation of patients and staff.

d. R.A.C.E. procedure for building 2480. KACC will *defend in place* by compartmentalization. Segregate the fire to the object of origin, room of origin, wing of origin, floor of origin, the fire floor and all floors above, or the building of origin. The foregoing sequence should be used for evacuation and or rescue of persons from patient care and treatment areas. All other areas will defend in place. Fire drills will include the transmission of a fire alarm signal and simulation of emergency fire conditions except that the movement of non-ambulatory patients to a safe area or to the exterior of the building is not required. During a fire drill or upon discovering a fire, the following actions should occur:

(1) Fire origin area. The person discovering the fire will immediately implement the R.A.C.E. procedure. Patients and visitors will be removed from hallways and corridors. Defend in place following the clinic-specific fire plan SOP.

(2) Non-fire area. Patients in corridors and hallways will be moved into smoke

compartments or fire zones, after which the smoke compartment/fire zone doors will be closed. Staff will remain in place, stand by for instructions and continue normal operations as much as possible, following the clinic-specific fire plan SOP. Traffic between departments will cease until “all clear” is announced.

(3) If the zone in which the alarm was initiated is immediately above, below or adjacent to the activity, personnel will initiate a smoke watch throughout the area adjoining the suspect zone. Evidence of smoke and fire penetration will be immediately reported to the information desk (7-8741).

(4) The staff will reassure, direct and assist patients and visitors during the fire response.

(5) The staff will account for all occupants.

(6) Elevators will not be used. When the alarm is activated, both elevators will go to the first floor, open to allow passengers to exit, and then close. The elevators will then be controlled by the FMFD.

(7) Staff, patients and visitors who are outside the building at the time of an alarm will not be permitted to enter the building.

(8) “Defend in place” will be in effect until the Desk Warden announces “all clear,” as directed by the fire marshal.

c. R.A.C.E. procedure for ancillary buildings. Upon discovering a fire in an ancillary building, the following actions will occur:

(1) The person discovering the fire will implement the R.A.C.E. procedure.

(2) All occupants will evacuate the building.

(3) The staff will account for all occupants.

(4) The staff will reassure, direct and assist patients and visitors during the R.A.C.E. response.

(5) Evacuated personnel will not re-enter the building until the “all clear” signal is given by the fire marshal.

6-4. Moving between floors

During fires and fire drills, all movement between floors will be by stairwell. The elevators will not be used.

6-5. Initial actions during a fire alarm

a. At the sound of the fire alarm, immediately initiate the R.A.C.E. procedure. (See para 6-3, above.)

b. A pre-designated member of Patient Administration Division (PAD) will assume the duty of Desk Warden at the Information desk during the fire or fire drill and call the FMFD.

6-6. Evacuation, assembly and accountability – ancillary buildings

a. Staff personnel will reassure patients and visitors, instruct and assist patients and visitors to the closest exit, and close all doors in their assigned patient care and administrative areas.

b. Personnel will evacuate the building to the designated assembly area outside the building, which is specified in the activity’s safety SOP.

c. The assembly area will be at least 50 feet from the building. The building fire marshal (warden), or other person in authority in the fire marshal’s absence, will—

(1) Account for all personnel who were in the building.

(2) Ensure that all personnel remain in the assembly area or otherwise more than 50 feet from the building and out of danger until the “all clear” signal is given by the Incident Commander (Fire Marshal).

6-7. Evacuation policy for building 2480

Most fires in health care facilities can be extinguished by simple actions such as smothering with a blanket, unplugging electrical equipment, and turning off an electric circuit. Immediate, aggressive action, using simple methods and progressing to the use of dry chemical (ABC) fire extinguishers will eliminate all but the most catastrophic fires.

a. *First floor, in the event of an uncontainable fire.* In the event of an actual fire on the first floor that cannot be contained within a room, the entire first floor will be instructed to evacuate the building and all floors above per the authority having jurisdiction. This is an exception to the policy stated in paragraphs b and c, below, which will override those paragraphs regarding the first floor of building 2480 only.

b. *Non-fire areas.* If not in the same zone in which the alarm was initiated, personnel will remain in place and continue normal operations as much as possible. To minimize traffic, hold visitors and patients in the activity until the “all clear” signal has been given by the Desk Warden. Stand by for further instructions.

c. *Fire areas.*

(1) Evacuation to another zone will be done if the fire cannot be extinguished by local personnel, and it or the smoke presents a hazard to individuals in the area.

(2) If in the same zone in which the alarm is initiated (see table 2-1 on page 5), a fire is detected or is suspected to exist, and the activity *is without same day surgery patients*, all personnel will evacuate. Horizontal movement to another zone (behind fire doors/walls) will normally be the first choice for evacuation, with vertical movement to another floor the least desirable. Personnel will remain in the safe area until directed to return by fire fighting personnel, the commander or a deputy commander, or the Safety Officer/Fire Marshal.

(3) If in the same zone in which the alarm was initiated, activities *with same day surgery patients* (Operating Room, Post-anesthesia Care Unit (PACU), and Same Day Surgery) will not automatically evacuate but will keep all doors closed when not in use and begin an immediate search for the cause of the alarm. All chairs, carts, gurneys and similar items will be removed from all corridors. Evidence of smoke or fire penetration will be immediately reported to the information desk (7-8741). If a fire is discovered, the senior staff member present will decide whether to attempt to extinguish the fire or isolate it and whether preparations should be started for evacuation.

(4) Evacuation of a fire zone *which contains same day surgery patients* will normally be accomplished on the order of the senior FMFD representative who is present, the commander or a deputy commander, or the Safety Officer/Fire Marshal. The senior person present will designate the assembly area for patients and visitors who are being evacuated. Horizontal movement to another zone (behind fire doors/walls) will normally be the first choice for evacuation, with vertical movement to another floor the least desirable. Normally, vertical evacuation is done upon direction of the Installation Fire Marshal.

(5) Complete clearance of the building will be ordered only in the event the fire and/or explosion hazard is of such magnitude that it can no longer be controlled or contained, and there are continuing and progressively greater hazards imminent to life and safety.

(6) Elevators will not be used as a means of evacuation. All staff will become familiar with the

fire stairs, located at both ends of the building. The stairs next to the elevators are reserved for use of FMFD personnel. Litters will be available and wheel chairs will be used to transport patients, when necessary.

Section III

Fire Drills

6-8. General

a. Fire drills will commence with the Installation Fire Marshal supervising the activation of a fire alarm. A fire drill may be conducted by the MEDDAC Safety Officer/Fire Marshal and Facilities Maintenance with prior approval from the FMFD.

b. At least 50% of the fire drills will be unannounced. Actual or false alarms may be credited for up to 50% of the required fire drills, provided they are properly documented and all elements of the fire plan were implemented.

c. In an effort to familiarize the staff with signals and required emergency actions, and to instill a sense of urgency, fire drills will be conducted as if a true emergency exists.

6-9. Frequency of fire drills

a. *The MEDDAC headquarters.*

(1) Building 2480. Fire drills will be conducted at least once quarterly on each shift, for a minimum of eight drills annually. Dental Clinic No. 3 will participate.

(2) Ancillary buildings. Each ancillary building will conduct a minimum of two fire drills annually.

b. *Outlying USAHCs.* Each outlying USAHC will conduct a minimum of two fire drills per shift annually.

c. *DENTAC.* DENTAC will conduct a minimum of two fire drills for Epes Dental Clinic annually. Dental Clinic No. 3 will participate in the fire drills conducted by the MEDDAC headquarters.

d. *VS.* VS will conduct a minimum of two fire drills annually.

6-10. Termination of fire drills

When the fire drill is terminated, the Safety Officer, Fire Marshal or FMFD will instruct the Desk Warden to give the “all clear” over the public address system. Until then, all personnel will defend in place or remain evacuated.

6-11. Fire drill reports

The fire drill tests the staff’s knowledge of the use and functioning of fire alarm systems, transmission of alarms, containment of smoke and fire, transfer to areas of refuge, fire extinguishing, specific fire response duties, and preparation for building evacuation. Two forms have been developed for this purpose, specifically for building 2480. Both are included in the –R Forms section at the back of this regulation and are also available from the Electronic Forms section of the MEDDAC’s web site (www.narmc.amedd.army.mil/kacc/Employees/Staff.htm).

a. MEDDAC Form 574-R (The Fire Drill After Action Report). This form will be used in the fire origin area only. It will be completed immediately after the fire drill by the MEDDAC Safety Officer/Fire Marshal. Completion of the form is self-explanatory. The completed form will be

maintained by the MEDDAC Safety Officer/Fire Marshal. This form is included in the –R Forms section at the back of this regulation.

b. MEDDAC Form 576-R (Fire Drill Evaluation). This form will be used in the non-fire areas only. It will be completed in duplicate immediately after the fire drill by the zone supervisor, NCOIC, or safety representative. The person who completes the report will forward the original to the MEDDAC Safety Officer/Fire Marshal within 24 hours of the fire drill, and maintain the copy in the activity's files. This form is included in the –R Forms section at the back of this regulation.

Section IV

Plan for Actual Fire Emergencies

6-12. General

In addition to the information stated above in sections I and II of this chapter, the following provisions apply during actual fire emergencies.

6-13. Authority of the Installation Fire Marshal

The FMFD is the authority having jurisdiction over all fire operations and evacuations on FGGM; hence, this jurisdiction is applicable to all MEDDAC, DENTAC and VS facilities located on FGGM. The decisions of the Installation Fire Marshal will take precedence over all others, without exception.

6-14. Internal Fire/Disaster Plan

Utilizing the Incident Command System, MEDDAC Memorandum 500-1 outlines the integration of identification of emergency response personnel, staff management, patient management, security, public affairs, staff education, and fire emergencies at KACC. This publication is distributed in hard copy to all KACC activities and the DENTAC. Due to the nature of this publication's contents, it is not available on the MEDDAC's web site. In addition, a copy of MEDDAC Memorandum 500-1 is required to be maintained in the Green Safety Program manual maintained by KACC activity and Dental Clinic No. 3.

Appendix A References

Section I Required Publications

MEDDAC/DENTAC/VS Reg 385-1
Safty Program. (Cited in para 3-4.)

MEDDAC Memo 500-1
Emergency Preparedness Plan. (Cited in para 6-14.)

Section II Related Publications

A related publication is merely a source of additional information. The user does not have to read it to understand this publication.

AR 310-50
Authorized Abbreviations, Brevity Codes, and Acronyms

AR 385-10
The Army Safety Program

AR 420-90
Fire Protection

FGGM Reg 420-7
Fire Prevention and Protection

JCAHO Manual

**National Fire Protection Association (NFPA)
10**
Portable Fire Extinguishers

NFPA 25
Inspection, Testing and Maintenance of Water-Based Protection Systems

NFPA 72
National Fire Alarm Code

NFPA 90A
Air Conditioning and Ventilating Systems

NFPA 99
Standard for Healthcare Facilities

NFPA 101
Life Safety Code

Section III Prescribed Forms

MEDDAC Form 574-R
Fire Drill After Action Report – Fire Areas

MEDDAC Form 576-R
Fire Drill Evaluation – Non-fire Areas

Section IV Referenced Forms

This section contains no entries.

Glossary

Section I Abbreviations

AOD

Administrative officer of the day

DEH

Directorate of Engineering and Housing, FGGM (*Is now the Directorate of Public Works (DPW)*)

DENTAC

U.S. Army Dental Activity, Fort George G. Meade

FGGM

Fort George G. Meade

FMFD

Fort Meade Fire Department; FGGM Fire Department

FOUO

for official use only

IAW

in accordance with

ILSM

interim life safety measure

JCAHO

Joint Commission on Accreditation of Healthcare Organizations

KACC

Kimbrough Ambulatory Care Center

LOG

Logistics Division

MEDDAC

U.S. Army Medical Department Activity, FGGM

MTF

medical treatment facility

NCO

noncommissioned officer

NCOIC

NCO in charge

NFPA

National Fire Protection Association

OHESS

Occupational Health Environmental Safety Services

PACU

Post-anesthesia Care Unit

PAD

Patient Administration Division

P.A.S.S.

pull, aim, squeeze, sweep

R.A.C.E.

rescue, alarm, contain and extinguish

SOP

standing operating procedure

UL

Underwriters Laboratories, Incorporated

USAHC

U.S. Army health clinic

VS

Fort Meade Branch Veterinary Services

Section II Terms

This section contains no entries.

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FIRE DRILL AFTER ACTION REPORT - FIRE AREAS

Activity name	Date	Time	Activity Fire Marshal's (Warden's) name
---------------	------	------	---

**R.A.C.E. Procedure: Building 2480 - Defend in place (unless directed to evacuate)
Ancillary buildings - Evacuate!**

	Yes	No	N/A
At discovery of fire:			
1. Was Code Red called out?			
2. Was the fire room evacuated?			
3. Was the alarm activated?			
4. Did the alarm system work correctly?			
5. Were the fire department and information desk called?			
At sound of alarm:			
1. Was an announcement of the fire location made over the public address system?			
2. Was a back-up call made to the fire department?			
3. Were all doors in the fire area called.			
4. Were patients in the corridors reassured, given directions, and placed in rooms?			
5. Was equipment cleared from the corridor?			
6. Were all elevators recalled and locked?			
7. Did the staff in the immediate area respond to the fire scene?			
8. Was a control station established in the vicinity of the fire?			
9. Was a decision made regarding evacuation of the fire/smoke compartment?			
10. Were there sufficient litters in the stairwell to evacuate patients?			
11. Were the staff familiar with the horizontal evacuation destination for the fire area?			
12. Did the individual in charge of the fire area provide adequate leadership to his or her staff?			
13. Was a member of the staff in place to meet the fire department?			
14. Did the staff know how to use the fire extinguishers?			
15. Did the staff defend in place or remain evacuated until the "all clear" signal was given?			
16. Were all occupants accounted for?			
17. Number of staff on the unit during the drill: →			
18. Number of patients and visitors on the unit during the drill: →			
Ancillary buildings only:			
19. Evacuation time: →			
20. Did the staff evacuate with a sense of urgency?			
21. Did the staff (and other occupants) stay at least 50 feet from the building?			

Problems identified:

Corrective action taken:

Signature of activity OIC or NCOIC	Signature of MEDDAC Fire Marshal
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FIRE DRILL EVALUATION - NON-FIRE AREAS

Activity name	Date	Time	Activity Fire Marshal's (Warden's) name
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R.A.C.E. Procedure: Building 2480 - Defend in place (unless directed to evacuate)

	Yes	No	N/A
1. Was the fire alarm loud enough to be heard by all personnel in the area?			
2. Was an announcement of the fire location made over the public address system?			
3. Could the announcement be heard in your location?			
4. Were the strobe lights flashing?			
5. Did the smoke/fire doors close automatically when the alarm sounded?			
6. Did the staff know what to do?			
7. Were all doors in the immediate area closed?			
8. Were patients in the corridors reassured, given directions, and placed in rooms?			
9. Was equipment cleared from the corridor?			
10. Were all elevators recalled and locked?			
11. Did the staff, if assigned to respond to the fire scene, do so immediately?			
12. Were other members of the staff standing by for further instructions?			
13. Were patients in rooms checked on by the staff?			
14. Did the person in charge of the area provide adequate leadership to his or her staff?			
15. Were staff members prepared to receive evacuated patients and/or staff?			
16. Was a copy of the current fire procedures available in the area?			
17. Did the person in charge conduct a "review" of the fire procedures for his or her staff?			
18. Were the exit signs illuminated?			
19. Number of staff on the unit during the drill: ➔			
20. Number of patients and visitors on the unit during the drill: ➔			

Problems identified:

Corrective action taken:

Signature of activity supervisor or MEDDAC Fire Marshal	Forward the original of this report to the MEDDAC Safety Office within 24 hours of the fire drill. Maintain a copy in the activity's files.
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